U.S. Palent and Tademark Office; U.S. DEPARTMENT OF COMMERCE and Tademark Office; U.S. DEPARTMENT OF COMMERCE and to a coloction of their market releast displays a valid OMB control number.

Application Number: 4.725.25. Under the Paperwork Reduction Act of 1995, no persons are required to resp **TRANSMITTAL** Filing Date December 12, 2003 **FORM** First Named Inventor Lawrence W. Cosenza Art Unit 1633 Examiner Name A. M. S. Wehbe (to be used for all correspondence after initial filing) Attorney Docket Number Total Number of Pages in This Submission DSI-10402/22

ENCLOSURES (Check all that apply)								
x Fee Trans		Drawing(s)	T.	After Allowance Communication to TC				
Fee Attached		Licensing-related Papers		Appeal Communication to Board of				
x Amendme	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
x Afte	r Final	Petition to Convert to a Provisional Application		Proprietary Information				
Affid	avits/declaration(s)	Power of Attorney, Revocate Change of Correspondence	ion Address	Status Letter				
x Extension	of Time Request	Terminal Disclaimer	l	X Other Enclosure(s) (please identify below):				
Express A	bandonment Request	Request for Refund	Sequence Listing Eight Prior Art References					
Information	n Disclosure Statement	CD, Number of CD(s)						
Certified Copy of Priority Document(s)		Landscape Table on	CD					
Reply to M	lissing Parts/ Application	Remarks						
Repl 37 C	y to Missing Parts under FR 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
	GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C.							
Signature	/Avery N. Goldstein, Ph.D./							
Printed name	Avery N. Goldstein, Ph.D.							
December 21, 2007			Reg. No.	39,204				

Application No. Filing Date Examiner Art Unit 10/735,203 December 12, 2003 A. M. S. Wehbe 1633 pplicant(s): Lawrence W. Cosenza vention: SACROMASTIGOPHORIC THERAPEUTIC AGENT DELIVERY SYSTEM TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. Claims Remaining Number Extra Claims Rate Previousity After Previousity Extra Claims Rate Previousity Extra Claims Rate Previousity Total Claims 7 - 20 = 0 x 25,00 0,00 Independent 2 - 3 = 0 x 105,00 0,00 Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: x Small Entity x No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A check in the amount of \$ Charge and credit Deposit Account No. 07-1180 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.	AME	R	Docket No. DSI-10402/22							
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Avery N. Goldstein, Ph.D. Attorney/Agent Reg. No.: 39,204 GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Tray Center Drive, Sulte 330 Post Office Box 7021 Troy, Michigan 48007-7021	x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.									
Avery N. Goldstein, Ph.D. Attorney/Agent Reg. No.: 39,204 GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Tray Center Drive, Sulte 330 Post Office Box 7021 Troy, Michigan 48007-7021	/Avery N. Goldstein, Ph.D./ Dated: December 21, 2007									
2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021	Avery N. Goldst	ein, Ph.D.	04					1, 2001		
	2701 Troy Center Post Office Box Troy, Michigan	er Drive, Suite 7021		I & CITKOWS	SKI, P.(C.				

Under the Paperwork Re	duction Act of 1995.	, no person are r	required to	U.S. Pa respond to a colle	tent and Trade	mark Office; U.S. DE	PARTMENT	OF COMMERC
	ctive on 12/08/2004.	•	-1			mplete if Knov		COMPONICATION
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008			Application N	10/735,203	35,203			
			Filing Date		December 12, 2003			
			First Named Inventor		Lawrence W. Cosenza			
						A, M, S, Wehl	be	
X Applicant claims sr	nall entity status. S	See 37 CFR 1.2	27	Art Unit		1633		
TOTAL AMOUNT OF PAY	MENT	(\$) 60.00		Attorney Dock	tel No.	DSI-10402/22		
METHOD OF PAYME	NT (check all th	nat apply)						
Check x Credi	Card M	loney Order	Nor	e Oth	er (please idea	ify):		
Deposit Account D	eposit Account Numb	er07	-1180	Dopo	elt Account Na	ns: Gifford,	Krass, Sp	rinkle,
For the above-ide	entified deposit a	ccount, the E	Director Is	hereby author	ized to: (ch	eck all that apply	1	
	(s) indicated bei					idicated below, e		he fijing fee
Charge any	/ additional fee(s	a) or undernav	ments of	. =	dit any over			
fee(s) unde	r 37 CFR 1.16 a				uit ally over	payments		
FEE CALCULATION								
1. BASIC FILING, SEAR		IINATION FE 3 FFFS						
		Small Entity	SEA	ARCH FEES Small Entil		NATION FEES Small Entity	i	
Application Type	Fee (S)	Fee (5)	Fee (5		Fee (\$		Fees	Paid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES							F (6)	Small Entity Fee (\$)
Fee Description Each claim over 20 (incl.	uding Raissuse)						Fee (\$) 50	
Each independent claim							210	25 105
Multiple dependent clain		p recineucu,					370	185
Total Claims Ext	ra Claims Fe	ee (\$)	Fee P	ald (\$)		Multiple Depend		
						Fee Paid (S		
HP = highest number of total	claims paid for, if gre	eater than 20.						_
		ee (\$)	Fee P	ald (\$)				
2 -3=	* -							
HP = highest number of Indep	-	tor, II greater tha	ın 3.					
 APPLICATION SIZE F If the specification and 		1 100 sheets a	of nance 4	excluding ala	tronicalle 4	iled convence or	computer	
listings under 37 CF sheets or fraction the	R 1.52(e)), the a	pplication siz	ze fee du	is \$260 (\$130	for small	entity) for each a	dditional 5	0
Total Sheets	Extra Sheets			dditional 50 or f		of Fee (S)	Fee	Paid (\$)
- 100 =		50 =		(round up to a w	hole number	×	-	
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specific								
Other (e.g., late filing surcharge): 2251 Extension for response within first month							6	0.00

SUBMITTED BY								
Signature	/Avery N. Goldstein, Ph.D./	Registration No. (Attorney/Agent)	39,204	Telephone	(248) 647-6000			
Name (Print/Type)	Avery N. Goldstein, Ph.D.			Date	December 21, 2007			